

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

J. D. DUNSHEE, M.D., Director

Weekly Bulletin



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SAN FRANCISCO

State Office Building, McAllister and Larkin Streets Underhill 8700

SACRAMENTO

State Office Building, 10th and L Streets Capital 2800

LOS ANGELES

State Office Building, 217 West First Street Madison 1271

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GUY P. JONES
EDITOR

Dr. Park on Poliomyelitic Serum

Dr. W. H. Park, Director of Laboratories of the New York City Health Department, has made the following statement for the California State Department of Public Health:

"Recent tests have shown that the use of serum from both those who previously have had poliomyelitis and from adults living in cities of considerable size, will protect monkeys when given subcutaneously from a later infection from poliomyelitis virus, which takes place within a few days. This is also true of refined antipoliomyelitis virus serum from horses that have been treated either with the purified virus or who have been allowed to remain for a year or more after injections of the infected spinal cords of monkeys.

In the fall of 1932 Dr. William B. Brebner, who was assistant professor in the New York University, went to Bradford, Pa., and there in connection with the health officer, urged the immunization of the children in that town in which an outbreak of poliomyelitis was beginning. The total population of Bradford is about 18,000 and the number of children between the ages of one and fifteen is probably between 4000 and 4500. We realize that at first there were only a portion of the 1300 children inoculated with blood, since these inoculations covered a period of 25 days and, therefore, at the beginning of the test most of the whole child population were uninoculated. In other words, the number of our controls decreased throughout the test, while the number of inoculated increased.

So far as we now know, probably not more than one-half of the total number of treated children

had been inoculated at the time of the peak of the epidemic. Nevertheless, the experiment is remarkable in that no treated child developed poliomyelitis. We were prepared to see some children develop modified poliomyelitis if they received blood during the incubation period of the disease. When the data are complete we will attempt to determine how much this prophylactic procedure altered the curve of incidence by a comparison of the curve of incidence of this epidemic with that of others elsewhere.

I realize that although the evidence is fairly conclusive from this result, yet we need much more before we can feel definitely that the serum protects sufficiently and for a long enough time, to make its use advisable. It however, does no harm and I believe is worth using, even before we have complete assurance of its value. We know how in the case of measles, which is also a virus disease, the use of convalescent serum or of adults has been of great value in either preventing the disease or modifying greatly its severity."

Physicians should steep themselves in the humanities. The sort of culture they need is best obtained by familiarity with poets, philosophers, biographers, musicians, and art. I am convinced that the medical student who knows the great classics of the past is better equipped to practice medicine than he who has medical textbooks at his finger tips. The welfare of the soul is enhanced by culture.—Dr. Joseph Collins.

AN OUTLINE OF THE LAWS OF CALIFORNIA WITH REGARD TO PUBLIC HEALTH PROCEDURES

LESSON VIII

CANNERY INSPECTION

1. Are canneries licensed by the State Board of Public Health?

Those which use steam sterilizers and retorts for the packing of meat and vegetable products must secure licenses for the operation of such equipment.

2. Are the operators of such equipment under supervision?

Yes. They must obtain permits from the State Board of Public Health.

3. Are there regulations for the operation of such canneries?

Yes. All vegetable and meat products packed in California are subject to definite regulations relative to temperature and time of cooking, such regulations having been established by the board.

4. Is the raw product under supervision?

Yes. State inspectors stationed at canneries pass upon the raw product before it enters the cannery.

5. Are cooking and sterilization records checked?

Yes. State inspectors are on duty constantly in order to check upon the proper sterilization and cooking of all vegetable and meat products.

6. What products come within the scope of this inspection service?

Asparagus, artichokes, string beans, beets, peas, corn, spinach, pumpkin, tomatoes, mixed vegetables for salads, sardines, tuna, chicken, tamales, hominy, olives, specialty products, and many other products which may contain either meat or vegetables, or both.

7. What is the need for cannery inspection service?

It is needed not only for the maintenance of standards in sanitation but it is also of importance in the prevention of botulism.

8. What is botulism?

An acute and highly fatal disease which occurs generally through the consumption of meat, fish or vegetable products which have not been heated sufficiently nor for sufficient length of time.

9. Have cases of botulism occurred since this inspection service was started?

No. Since the cannery inspection began, in 1925, no cases of botulism have occurred from any commercially packed product in California.

10. Have cases occurred from home-canned products?

Yes. Cases of this disease have occurred frequently, especially through the use of home-canned string beans and other products which may be packed commonly in the home.

11. Does the State provide funds for cannery inspection?

No. The commercial canners provide all of the funds which are used in this public service.

LESSON IX

SANITARY ENGINEERING

1. Are there regulations covering the operation of community sewage disposal plants and water supply systems?

Yes. The law requires the issuance of a permit from the State Board of Health for the operation of any such plant or system.

2. How is this effected?

Plans for sewage disposal plants and water supply systems must be submitted, together with applications for permits to operate. A staff of sanitary engineers passes upon these plans and the State Board of Public Health acts upon the recommendations of such engineers.

3. Is a field inspection service of such plants maintained?

Yes. The engineering staff of the Bureau of Sanitary Engineering makes regular inspections and surveys of such plants, offering advice relative to the engineering practices involved.

4. Are there regulations pertaining to growing of shellfish?

Yes. In order that shellfish may not be grown in contaminated waters, permits for the operation of shellfish growing beds must be obtained.

5. Is the sale of shellfish from contaminated waters prohibited?

Yes. Unless shellfish are taken from waters which conform to required standards, they may not be offered for sale.

6. Are shucking plants under regulations?

Yes. Plants in which oysters and other shellfish may be shucked are required to conform to standards which provide essential safety to the consumer.

7. Is State supervision maintained over mosquito control?

Yes. There are twenty-two mosquito abatement districts organized in the various communities of this State and their operations are carried on under the supervision of the Bureau of Sanitary Engineering.

8. What are the principal methods used in mosquito abatement?

Drainage and ditching to eliminate standing water constitute the chief permanent methods of control. Oiling water surfaces, the use of insecticides, and the planting of top minnows for the destruction of larvae constitute the most frequently used methods of temporary control.

9. Has mosquito control in California resulted in a reduction in the prevalence of malaria?

Yes. Because of control methods adopted and maintained, malaria has all but disappeared from this State.

(Lesson X will appear next week)

DR. MEYER ON POLIOMYELITIC SERUM

Dr. Karl F. Meyer, Director of the Hooper Foundation for Medical Research, San Francisco, has made the following statement relative to the use of serum in the treatment of epidemic poliomyelitis:

"Ever since Netter made use of the convalescent serum in the treatment of poliomyelitis, the value of this procedure has been questioned. Obviously conclusions comparable to those obtained in the use of antitoxic sera can not be secured. In a disease so unpredictable as poliomyelitis in which no symptom or physical finding in the preparalytic stage indicates the outcome, the value of a therapy can only be assessed by an experiment on alternate cases. For various reasons this has never been done and consequently the subject of convalescent serum therapy has become a controversial subject. Based on experiences collected during the eastern epidemic of 1931, one group of physicians concludes that the convalescent serum has failed to reduce the case fatality rate or the paralysis. According to another group the statistical evidence leaves no alternative but that the serum is ineffective. However, the same group frankly admits that the reverse conclusions, namely that the serum is of no value, can not be drawn. Under these circumstances, it is recommended to continue the use of the convalescent serum in the preparalytic stage of the disease.

Passive prophylactic immunization during epidemics has for the first time been advocated by Flexner. This procedure is not considered an ideal approach to the control of poliomyelitis. It pays no attention to the selection of the susceptibles and the experimental evidence is merely suggestive but by no means conclusive. From the standpoint of preventive medicine it commends itself on account of its simplicity and harmlessness provided an organization can be perfected to secure an ample supply of properly tested serum from convalescents or adults. It may be advisable to inject children prophylactically with 20 c.c. intramuscularly. Contacts should be injected at intervals of two weeks. The collection and preparation of the convalescent sera should be conducted in a central station. It

is equally important that complete records should be kept in order that the value of the passive immunization may, at the end of the epidemic, be properly evaluated."

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

DISEASES REPORTABLE IN CALIFORNIA REPORTABLE ONLY

ANTHRAX	MALARIA*
BERIBERI	PELLAGRA
BOTULISM	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANULOMA	RELAPSING FEVER
DENGUE*	ROCKY MOUNTAIN SPOTTED FEVER
FLUKE INFECTION	SEPTIC SORE THROAT
FOOD POISONING	TETANUS
GLANDERS***	TRICHINOSIS
HOO KWORM	TULAREMIA
JAUNDICE (Infectious)	UNDULANT FEVER

ISOLATION OF PATIENT

CHICKENPOX**	OPHTHALMIA NEONATORUM
DYSENTERY (Amoebic)	PSITTACOSIS
DYSENTERY (Bacillary)	RABIES (Animal)**
ERYSIPELAS	RABIES (Human)
GERMAN MEASLES**	SYPHILIS
GONOCOCCUS INFECTION	TRACHOMA
INFLUENZA	TUBERCULOSIS
MEASLES**	WHOOPING COUGH**
MUMPS**	

QUARANTINABLE

CHOLERA***	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID AND PARATYPHOID FEVER
LEPROSY	TYPHUS FEVER
MENINGITIS (Epidemic)	YELLOW FEVER***
PLAGUE***	
ACUTE ANTERIOR POLIOMYELITIS	

* Patient should be kept in mosquito-free room.

** Nonimmune contacts isolated also.

*** Cases to be reported to State Department of Public Health by telephone or telegraph and special instructions will be issued.

"You can reason and prophesy certain things before you make an experiment, but in the middle of it you may stumble onto something just as unexpected as the islands that stopped Columbus."—Paul DeKruif.

MORBIDITY*

Chickenpox

232 cases of chickenpox have been reported, as follows: Alameda County 2, Alameda 3, Albany 1, Berkeley 9, Livermore 2, Oakland 24, Piedmont 1, Reedley 1, Los Angeles County 22, Alhambra 7, Beverly Hills 1, Burbank 4, El Monte 3, Glendale 14, Huntington Park 7, Inglewood 1, Long Beach 1, Los Angeles 25, Manhattan 1, Monrovia 1, Pasadena 9, San Gabriel 1, Santa Monica 1, South Pasadena 2, Whittier 1, Torrance 2, Hawthorne 1, South Gate 1, Napa 3, Orange County 2, Riverside County 1, Sacramento County 1, Sacramento 5, Redlands 1, San Diego County 2, San Francisco 33, San Joaquin County 8, Stockton 7, San Luis Obispo County 8, San Luis Obispo 4, Redwood City 2, San Mateo 1, Menlo Park 1, Lompoc 1, Santa Clara County 1, Watsonville 1, Stanislaus County 1, Santa Paula 1.

Diphtheria

34 cases of diphtheria have been reported, as follows: Oakland 1, Fresno 1, Los Angeles County 2, Beverly Hills 1, Bur-

* Complete reports for above diseases for week ending June 16, 1934.

bank 1, Glendale 2, Los Angeles 19, Torrance 1, Bell 1, San Francisco 1, Turlock 3, Ventura County 1.

German Measles

125 cases of German measles have been reported, as follows: Berkeley 1, Contra Costa County 1, Fresno County 2, Los Angeles County 17, Alhambra 3, Burbank 4, Claremont 1, Compton 6, Inglewood 1, La Verne 1, Los Angeles 14, Monrovia 1, Pasadena 1, Pomona 3, San Gabriel 1, Whittier 2, South Gate 1, Monterey Park 4, Maywood 5, Bell 1, Madera 1, Yosemite National Park 7, Orange County 4, Anaheim 14, Fullerton 1, Newport Beach 1, Santa Ana 6, Laguna Beach 1, Placentia 1, Riverside County 7, San Francisco 1, Los Gatos 7, San Jose 1, Santa Cruz County 1, Watsonville 1, Shasta County 1.

Influenza

30 cases of influenza have been reported, as follows: Berkeley 1, Kern County 1, Los Angeles 25, Merced County 1, Riverside 1, San Francisco 1.

Malaria

One case of malaria from Oakland has been reported.

Measles

1019 cases of measles have been reported, as follows: Alameda County 10, Albany 16, Berkeley 44, Oakland 36, Piedmont 1, San Leandro 2, Contra Costa County 4, Richmond 6, Walnut Creek 3, Fresno County 2, Fresno 4, Imperial County 2, Inyo County 3, Los Angeles County 15, Alhambra 46, Beverly Hills 2, El Segundo 1, Glendale 1, Inglewood 1, La Verne 1, Long Beach 4, Los Angeles 24, Monrovia 2, Pasadena 8, Pomona 1, San Fernando 1, San Gabriel 1, Lynwood 1, Monterey Park 4, Madera County 1, Larkspur 1, San Rafael 8, Merced County 1, Merced 2, Monterey County 2, Napa County 1, Napa 1, Orange County 2, Brea 2, Fullerton 1, Santa Ana 1, La Habra 7, Roseville 1, Riverside County 7, Riverside 2, Sacramento County 1, San Bernardino County 1, Escondido 3, San Francisco 404, San Joaquin County 11, Manteca 1, San Luis Obispo County 2, San Mateo County 10, Burlingame 2, Redwood City 11, San Bruno 3, South San Francisco 8, Santa Barbara County 27, Santa Barbara 14, Santa Maria 4, Santa Clara County 79, Mountain View 4, Palo Alto 31, San Jose 25, Sunnyvale 1, Willow Glen 1, Santa Cruz County 3, Sierra County 19, Loyalton 17, Benicia 4, Vallejo 4, Sonoma County 2, Stanislaus County 2, Modesto 1, Dinuba 1, Ventura County 11, Fillmore 19, Oxnard 1, Ventura 2, Woodland 4.

Mumps

288 cases of mumps have been reported, as follows: Alameda County 1, Alameda 4, Berkeley 4, Hayward 2, Livermore 1, Oakland 28, Piedmont 5, El Cerrito 1, Fresno 2, Humboldt County 1, El Centro 1, Kern County 1, Bakersfield 1, Los Angeles County 9, Alhambra 2, Burbank 3, Culver City 1, Huntington Park 1, Long Beach 6, Los Angeles 30, Pasadena 1, Pomona 1, Santa Monica 1, South Pasadena 2, Whittier 1, Maywood 1, Monterey County 2, Orange County 2, Santa Ana 1, Placentia 2, Sacramento County 1, Sacramento 5, San Bernardino 1, San Francisco 129, San Joaquin County 3, Stockton 10, San Mateo County 1, South San Francisco 1, Santa Clara County 5, Mountain View 5, San Jose 2, Santa Clara 1, Santa Cruz County 1, Santa Cruz 1, Watsonville 1, Stanislaus County 1, Modesto 2.

Pneumonia (Lobar)

34 cases of lobar pneumonia have been reported, as follows: Berkeley 1, Oakland 3, Fresno 1, Brawley 1, Inyo County 1, Kern County 1, Los Angeles County 2, Glendale 1, Inglewood 1, Los Angeles 11, Pomona 1, Redondo 1, Orange County 1, Anaheim 1, Orange 1, Riverside 1, Sacramento 2, San Bernardino County 1, San Francisco 1, San Jose 1.

Scarlet Fever

146 cases of scarlet fever have been reported, as follows: Alameda 7, Oakland 6, Martinez 1, Fresno County 1, Fresno 1, Imperial County 1, El Centro 1, Kern County 1, Los Angeles County 17, Alhambra 4, Beverly Hills 1, Compton 1, Glendale 1, Huntington Park 1, Los Angeles 39, Manhattan 1, Pasadena 3, Redondo 1, Sierra Madre 1, Hawthorne 1, South Gate 2, Gardena 5, Merced 2, Orange County 2, Anaheim 2, Brea 3, Laguna Beach 1, Sacramento County 1, Sacramento 4, San Bernardino County 1, Ontario 1, Redlands 4, San Bernardino 2, San Diego County 2, San Francisco 7, San Joaquin County 2, Stockton 1, Santa Maria 1, Santa Clara County 1, San Jose 4, Redding 2, Sonoma County 1, Stanislaus County 1, Dinuba 1, Porterville 1, Ventura 1, Yuba County 1.

Smallpox

7 cases of smallpox from Riverside County have been reported.

Typhoid Fever

8 cases of typhoid fever have been reported, as follows: Oakland 1, Imperial County 1, Brawley 1, Long Beach 1, San Fernando 2, Sacramento 1, San Francisco 1.

Whooping Cough

363 cases of whooping cough have been reported, as follows: Alameda County 8, Alameda 2, Berkeley 17, Oakland 19, Contra Costa County 1, Martinez 1, El Dorado County 19, Humboldt

County 10, Los Angeles County 29, Beverly Hills 7, Claremont 1, Glendale 4, Inglewood 2, Long Beach 13, Los Angeles 56, Manhattan 1, Monrovia 1, Pasadena 11, San Gabriel 2, Santa Monica 4, Hawthorne 1, South Gate 3, San Anselmo 2, Merced County 3, Orange County 10, Anaheim 1, Orange 10, La Habra 2, Placentia 5, Riverside 2, Sacramento County 2, Sacramento 9, San Bernardino County 2, San Bernardino 2, San Diego County 4, San Francisco 19, San Joaquin County 2, Lodi 3, Stockton 6, San Luis Obispo 1, Burlingame 1, Santa Barbara County 7, Santa Barbara 24, Santa Clara County 1, San Jose 1, Santa Cruz County 2, Redding 4, Sonoma County 4, Tulare County 3, Ventura County 19.

Meningitis (Epidemic)

One case of epidemic meningitis from Alhambra has been reported.

Dysentery (Amoebic)

10 cases of amoebic dysentery have been reported, as follows: Livermore 1, Brawley 1, Los Angeles 1, San Francisco 1, Santa Barbara County 1, Santa Barbara 1, Santa Clara County 2, Palo Alto 1, Sonoma County 1.

Dysentery (Bacillary)

13 cases of bacillary dysentery have been reported, as follows: Los Angeles 8, Merced 2, Sacramento 2, Santa Clara County 1.

Poliomyelitis

281 cases of poliomyelitis have been reported, as follows: Alameda 3, Albany 1, Berkeley 10, Oakland 28, El Cerrito 1, Fresno 2, Brawley 1, Inyo County 2, Kern County 1, Los Angeles County 40, Alhambra 4, Beverly Hills 4, Burbank 2, Compton 1, Culver City 1, Glendale 4, Hermosa 1, Huntington Park 1, Inglewood 3, Long Beach 2, Los Angeles 101, Monrovia 1, Pasadena 4, Santa Monica 7, South Pasadena 1, Torrance 3, South Gate 2, Madera County 1, San Anselmo 2, Napa 1, Orange County 3, Brea 1, Seal Beach 1, Sacramento 1, Ontario 1, San Francisco 19, San Joaquin County 2, San Mateo County 1, Burlingame 5, San Mateo 2, Santa Barbara 2, Santa Clara County 2, Sonoma County 1, Modesto 1, Turlock 1, Tulare County 1, Porterville 1, Visalia 1.

Tetanus

One case of tetanus from Sonoma County has been reported.

Paratyphoid Fever

One case of paratyphoid fever from Brawley has been reported.

Food Poisoning

4 cases of food poisoning from Anaheim have been reported.

Undulant Fever

3 cases of undulant fever have been reported, as follows: Burbank 1, Tulare County 1, Dinuba 1.

Tularemia

2 cases of tularemia have been reported, as follows: Long Beach 1, San Bernardino County 1.

Septic Sore Throat (Epidemic)

4 cases of epidemic septic sore throat have been reported, as follows: Berkeley 1, San Fernando 3.

Trichinosis

One case of trichinosis was reported from Pasadena, the source of infection being in Reno, Nevada.

Rabies in Animals

17 cases of rabies in animals have been reported, as follows: Los Angeles County 3, Los Angeles 8, Redondo 1, Santa Monica 1, Whittier 1, Hawthorne 1, Santa Ana 1, Sacramento 1.